

**CAMPAIGN REGISTRATION STATEMENT**  
**STATE OF WISCONSIN**  
**CF-1**

IF A CANDIDATE DOES NOT FILE THIS STATEMENT BY THE DEADLINE FOR FILING NOMINATION PAPERS,  
THE CANDIDATE'S NAME WILL NOT BE PLACED ON THE BALLOT.

**NOTICE:** ANY CHANGE OF INFORMATION ON THIS REGISTRATION STATEMENT MUST BE FILED WITHIN 10 DAYS.

**CANDIDATE AND CANDIDATE COMMITTEE INFORMATION**

**Committee ID:** 0106191

<b>Name of the Candidate:</b>	<b>Party Affiliation:</b>	<b>Office Sought (Include Branch Number):</b>	
Piotrowski, Paul Frank	Democratic	State Senate, State Senate, District No. 24	
<b>Residence Address (Number and Street):</b>		<b>Candidate Telephone Number (Residence):</b>	
510 West St		(715) 341-3576	
<b>City, State and Zip:</b>	<b>Election Date:</b>	<b>Candidate Email:</b>	
Stevens Point, WI 54481	11/03/2020	piotrowski@charter.net	
<b>Committee Name:</b>	<b>Acronym:</b>	<b>Committee Type:</b>	<b>Committee Sub-Type:</b>
Piotrowski for State Senate		State Candidate	
<b>Committee Address (Number and Street):</b>	510 West St, Stevens Point, WI 54481	<b>Committee Email:</b>	piotrowski@charter.net
<b>Phone:</b>	(715) 341-3576		

**COMMITTEE TREASURER INFORMATION**

<b>Treasurer Name:</b>	Jungwirth, Laura Lee	<b>Phone:</b>	(715) 344-7151
<b>Address (Number and Street):</b>	510 West St		
<b>City, State and Zip:</b>	Stevens Point, WI 54481		
<b>Email:</b>	minniemouse3@sbcglobal.net		

**DEPOSITORY INFORMATION**

<b>Name of Financial Institution:</b>	Old National Bank	<b>Pin:</b>	*****
<b>Address (Number and Street):</b>	640 Division St		
<b>City, State and Zip:</b>	Stevens Point, WI 54481		

**+ + + EXEMPTION FROM FILING CAMPAIGN FINANCE REPORTS s.11.0104, Stats. + + +**

You may be eligible for an exemption from filing campaign finance reports. Consult the appropriate Campaign Finance Overview to determine if the registrant qualifies for exemption.

☐ This registrant is eligible for exemption. This registrant will not accept contributions, make disbursements or incur obligations in an aggregate amount of more than \$2,000 in a calendar year.

☒ This registrant is no longer eligible to claim exemption.

\_\_\_\_\_  
Signature of Candidate or Treasurer

\_\_\_\_\_  
Date

**CERTIFICATE**

**TREASURER**

I, Jungwirth, Laura Lee

certify the information in this statement is true and complete.

Signature \_\_\_\_\_ Treasurer \_\_\_\_\_

Date \_\_\_\_\_

**CANDIDATE**

I, Piotrowski, Paul Frank

certify the information in this statement is true, correct and complete, and that this is the only committee authorized to act on my behalf.

Signature \_\_\_\_\_ Candidate \_\_\_\_\_

Date \_\_\_\_\_

THE INFORMATION ON THIS FORM IS REQUIRED BY ss.9.10(2)(d), 11.0203, STATS. FAILURE TO PROVIDE THE INFORMATION MAY SUBJECT YOU TO THE PENALTIES OF ss. 8.30(2), 11.1400, 11.1401, STATS.

Report Generated On: 02/19/2020